



APPLICATION ENHANCEMENT REQUEST

PROJECT INFORMATION:

Project Name: _____
 Project Manager: _____
 Change ID # _____ Change Name: _____
 Identified By: _____ Identified On: _____
 Date Requested: _____ Requested By: _____

CAUSE FOR REQUEST:

☐ Statutory Requirement ☒ Business Need ☐ Requirements Omission ☐ Special Initiative
☐ Error / Omission in Programming or Design Requirements

DESCRIPTION OF CHANGE:

	RH	STATUS
1		
1.1	.01	
1.1.1	.01	
1.1.2	.01	
1.1.3		

RISKS WITH NOT MAKING CHANGE:

PROJECT SCHEDULE:

Development Time: _____ Target Date for delivery to agency for testing: _____
 Target Launch Date _____

AGENCY ACTION:

Decision: ☐ Accept ☐ Defer ☐ Reject Date: _____

Approved By Signature
Nebraska.gov

Title

Date

Approved By Signature
<Agency Name>

Title

Date
